

United States Patent Application

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I hereby declare that my residence, mailing address and citizenship are as stated below next to my name; and that I verily believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Methods for Performing Surgical Procedures and Assessments,

The specification of which was filed on **March 25, 2004** as United States Application Number **10/809,280**, and subsequently amended on **December 21, 2007**.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. § 1.56 (attached hereto). I also acknowledge my duty to disclose all information known to be material to patentability which became available between a filing date of a prior application and the national or PCT international filing date in the event this is a Continuation-In-Part application in accordance with 37 C.F.R. § 1.63(e).

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

No such claim for priority is being made at this time.

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

Application Number
60/325,424

Filing Date
September 25, 2001

I hereby claim the benefit under 35 U.S.C. § 120 or 365(c) of any United States and PCT international application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. § 1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number
PCT/US02/30617

Filing Date
September 25, 2002

I hereby appoint the following attorney(s) and/or patent agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith:

Customer Number: 30,328

I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct NuVasive Inc. to the contrary.

Please direct all correspondence in this case to NuVasive, Inc. at the address indicated below:

NuVasive, Inc.
Customer Number: 30,328

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF JOINT INVENTOR NUMBER 1: Norbert F. Kaula

Citizenship: **Germany**
Residence: **Arvada, CO**
Mailing Address: **8258 West 72nd Ave.
Arvada, CO 80005**

Signature: _____

Norbert F. Kaula

Date: August 12 2004

FULL NAME OF JOINT INVENTOR NUMBER 2: Jeffrey J. Blewett (deceased)

Citizenship: **United States of America**
Residence: **N/A**
Mailing Address: **N/A**

Signature: _____

Jeffrey J. Blewett

Date: _____

☒ Additional inventors are being named on separately numbered sheets, attached hereto.

FULL NAME OF JOINT INVENTOR NUMBER 3: **James Gharib**

Citizenship: **United States of America**

Residence: **San Diego, CA**

Mailing Address: **10918 Derrydown Way
San Diego, CA 92130**

Signature: _____

James Gharib

Date: _____

15 Sep 08

FULL NAME OF JOINT INVENTOR NUMBER 4: **Allen Farquhar**

Citizenship: **United States of America**

Residence: **San Diego, CA**

Mailing Address: **6220 Hannon Court
San Diego, CA 92117**

Signature: _____

Allen Farquhar

Date: _____

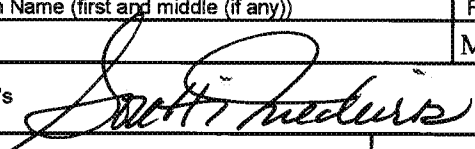
12 Sep 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Supplemental Sheet
For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name Jeffrey J. Blewett

Page 1 of 1

Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Goretti		Medeiros	
Legal Representative's Signature 		Date <u>06 Aug 2008</u>	
Residence: City	Plantville	State	CT
Country	US	Citizenship	
Mailing Address 86 Parkview Drive			
Mailing Address			
City	Plantville	State	CT
Zip	06479	Country	US
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.